

Obstetrical and Gynecological Care in Iowa:
A Report on Health Care Access
To Iowa Legislature -- Year 2007

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Introduction

This report has been prepared annually in response to a 1997 legislative mandate detailed in the *Iowa Acts 1997 General Assembly*, Chapter 197, Section 1, Subsection 18A. The legislative reference for this report is outlined below.

NEW SUBSECTION. 18A. Consult with the Office of Statewide Clinical Education Programs at the University of Iowa, Carver College of Medicine and annually submit a report to the general assembly by January 15 verifying the number of physicians in active practice in Iowa by county who are engaged in providing obstetrical care. To the extent data are readily available, the report shall include information concerning the number of deliveries per year by specialty and county, the age of physicians performing deliveries, and the number of current year graduates of the University of Iowa College of Medicine and the University of Osteopathic Medicine and Health Sciences entering into residency programs in obstetrics, gynecology, and family practice. The report may include additional data relating to access to obstetrical services that may be available.

The Bureau of Health Care Access, Iowa Department of Public Health, has consulted with the Office of Statewide Clinical Education Programs at the University of Iowa, Carver College of Medicine and has determined that without additional funding and staff to develop and implement a survey that will collect this data, we cannot verify the number of physicians in active practice in Iowa by county who are engaged in providing obstetrical care, nor assess the availability of obstetrical services to the citizens of Iowa by using available data to show the distribution of obstetricians, family medicine physicians and other health care professionals who are able to deliver prenatal and obstetrical services. Since the inception of this report, the Iowa Department of Public Health has endeavored to provide accurate and pertinent data, but has encountered several obstacles.

The data currently tracked may provide an overview of issues, but are not sufficient to directly answer the questions posed in the legislation, nor can it comprehensively portray the obstetrical and/or gynecological (OB/GYN) access issues facing the citizens of Iowa - particularly those in rural areas. Some examples of current data limitations include the following factors:

- Unavailable county-specific data on health-care professionals currently practicing obstetrics,
- Limited data on physician age,
- Unavailable or insufficient graduation rate and residency location data, and
- Unavailable physician specialty data

Despite the shortcomings in available data, the report does attempt to use existing data to cover some of the prenatal and obstetrical care access issues facing Iowans. This report includes the following information:

Birth data according to occurrence, location and type of health-care professional delivering the baby;

- Brief description of state demographics;
- General data on health care professionals and institutions; and
- Limited prenatal-care data.

Data sources used for this report include the following:

- University of Iowa, Carver College of Medicine, Office of Statewide Clinical Education Programs (OSCEP)
 - Iowa Department of Public Health – Bureau of Vital Records and Health Statistics
 - Iowa Board of Nursing (IBON)
 - Association of Iowa Hospital and Health Systems
 - 2004 Projected Claritas Data of Population

Reports previously submitted break data into urban (Metropolitan Statistical Area) and rural (non-Metropolitan Statistical Area) categories defined by the United States Office of Management and Budget (OMB). Metropolitan Statistical Areas (MSA) (urban), are core areas containing a population nucleus greater than 50,000. Under this definition Iowa had 10 MSA urban areas. In this report the *Old* label will indicate the accumulation of data under this specific method.

The OMB, Bulletin 03-04, June 2003 revised the definition for Metropolitan Statistical Areas (MeSA). The definition was originally published December 27, 2000 by the OMB in the Federal Register (65 FR 82228 – 82238). MeSAs comprise the central county containing the core population of at least 50,000, plus adjacent outlying counties having a high degree of social and economic integration, as measured through commuting. Under this redefined definition Iowa has 20 MeSAs. In this report the *New* label will indicate the accumulation of data under this specific method.

This report will be compiled using both the old and new methods for MSA and MeSA to transition this report into the new reporting system and offer comparison for previous years.

Demographics

Rural (Old – 89 Counties / New – 79 Counties)

	Old		New	
• Rural area citizens equal approximately	54%	1,582,561	45%	1,340,064
• Ratio of population to PC providers		1830 :1		1807 :1
• Women of childbearing age, 15-44	18%	289,747	18%	238,647
• Ratio of women of childbearing age to PC providers		335 :1		322 :1
Note: It is unknown how many physicians actually see women for prenatal care or deliver babies.				
• Ratio of women of childbearing age to OB/GYN providers		4996 :1		5188 :1

Urban (Old – 10 MSA / New – 20 MeSA)

	Old		New	
• Urban area citizens equal approximately	46%	1,366,421	55%	1,608,918
• Ratio of population to PC providers		1577 :1		1625 :1
• Women of childbearing age, 15-44	22%	297,721	22%	348,821
• Ratio of women of childbearing age to PC providers		344 :1		352 :1
Note: It is unknown how many physicians actually see women for prenatal care or deliver babies.				
• Ratio of women of childbearing age to OB/GYN providers		2420 :1		2584 :1

Total Rural & Urban

• According to the 2004 Claritas Projected data, Iowa's population is	2,948,982
• Total population to the total number of PC providers	1703 :1
• Providers working full time	1,710
• Providers working part time	43
• Provider's full-time equivalent (FTE) estimate	1,731.50
• Women of childbearing age, 15-44	587,468

	Old		New	
○ Women of childbearing age in rural areas	18%	289,747	18%	238,647
○ Women of childbearing age in urban areas	22%	297,721	22%	348,821
• Ratio of women of childbearing age to FP and OB/GYN providers		466 :1		
• Ratio of women of childbearing age to the total number of OB/GYN providers		3246 :1		

Other related information

• Population living at or below 100 % of the federally set poverty level is	9%	259,489
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Provider Information

For the purposes of this count, primary care means all family practice, general internal medicine, and general pediatric, non-family practice-doing family practice and OB/GYN providers. The data do not count providers categorized as sub-specialists, federal physicians, medical administration, research, state institution, teaching positions or urgent care.

Rural (Old - 89 Counties / New – 79 Counties)

- OB/GYN Providers:
 - Number working full-time
 - Number working part-time
 - Number of full-time equivalent

positions

- Average age is

Old		New
58		46
0		0
58	FTE	46
47	Years	47

- Family Practice Providers:
 - Number working full-time
 - Number working part-time
 - Number of full-time equivalent

positions

- Average age is

632		550
14		12
639	FTE	556
49	Years	49

- Primary Care Providers:
 - Number working full-time
 - Number working part-time
 - Number of full-time equivalent

positions

- Average age is

857		735
16		13
865	FTE	741.5
48	Years	48

Urban (Old – 10 MSA / New – 20 MeSA)

- OB/GYN Providers:
 - Number working full-time
 - Number working part-time
 - Number of full-time equivalent

positions

- Average age is

Old		New
123		135
0		0
123	FTE	135
47	Years	47

- Family Practice Providers:
 - Number working full-time
 - Number working part-time
 - Number of full-time equivalent

positions

- Average age is

434		516
16		18
442	FTE	525
47	Years	47

- Primary Care Providers:
 - Number working full-time
 - Number working part-time
 - Number of full-time equivalent

positions

- Average age is

853		975
27		30
866.5	FTE	990
47	Years	47

Total Rural & Urban

	• OB/GYN Providers:		
	○ Number working full-time	181	
	○ Number working part-time	0	
positions	○ Number of full-time equivalent	181	FTE
	○ Average age is	47	Years
	• Family Practice Providers:		
	○ Number working full-time	1066	
	○ Number working part-time	30	
positions	○ Number of full-time equivalent	1081	FTE
	○ Average age is	48	Years
	• Primary Care Providers:		
	○ Number working full-time	1710	
	○ Number working part-time	43	
positions	○ Number of full-time equivalent	1731.5	FTE
	○ Average age is	48	Years

Other Related Information- Data Resource Iowa Board of Nursing

• Number of certified nurse midwives	80
• Number of estimated OB/GYN Nurse Practitioners	159

Note: Licenses show ARNP have OB/GYN training but do not specify if they are practicing.

The OB/GYN maps included at the end of this document denote the number of OB/GYN full-time equivalent (FTE) positions in each county. Map-1 shows the Old method with 10 MSAs and Map-2 shows the New method with 20 MeSAs. It should be noted, however, that The University of Iowa Hospitals and Clinics’ OB/GYN physicians are not included in this data set due to their teaching and research roles. Therefore, the numbers for Johnson County may appear low. If it were possible to isolate the FTE position time spent seeing patients, the FTE number would likely increase for that county. However, this information is not available and is excluded to avoid biased reporting in Johnson County.

Iowa Birthing, Hospital & Health facility Information

Total Births by Attendant

2006 Iowa births are by occurrence regardless of residence (includes residents of other states)

Total Births by all Attendants	40,620	100.00%
Physician (MD)	30,662	75.48%
Physician (DO)	7,427	18.28%
Certified Nurse Midwife	2,152	5.30%
Other Midwife	141	0.35%
Other	238	0.59%
Not Classifiable	-	0.00%

Note: Data to indicate which specialty degrees were held by the involved providers are unavailable. Additionally, data is not available at this time to determine if the health care professionals provided prenatal and obstetrical care. The age of the providers delivering births is also unavailable because it is unknown which physicians actually provided each specific delivery.

Total Births by Birth Settings Iowa, 2006

Total	40,620
Hospital	40,263
In-home	331
Birthing Center	24
Clinic/Doc Office	2
Other	-

	Old		New	
Rural hospitals	34%	13,559	30%	11,891
Urban hospitals	66%	26,704	70%	28,372

Hospital and Health Facility Information Iowa, 2006

- Number of all Iowa hospitals excluding VA hospitals, December 31, 2006

117

- Hospitals in rural (non-metro statistical) areas
 - Number of rural referral hospitals
 - Number of Critical Access Hospitals, CAHs
 - Number reporting at least one delivery in 2006
- Hospitals in urban areas
 - Number reporting at least one delivery in 2006

*97
6
82
*67
*21
*20

* Hospitals that are recognized as Critical Access Hospitals must be located in rural areas. State regulations recognize twelve Critical Access Hospitals located in metropolitan Statistical Areas as rural based on designations and criteria prior to the new designation process. These hospitals are included in the rural hospital total.

Trends and Conclusions

Obstetrical Health Care Provider Trends, Iowa -- 2003-2007

	2007	2006	2005	2004	2003
OB/GYN Provider FTEs	181	176.5	172.5	172.5	174.5
Family Practice Provider FTEs	1081	1085.5	1,080	1078.5	1060.5
Certified Nurse Midwives FTEs	80	75	73	70	60
Ratio of WCBA to PC providers	339:1	345:1	349:1	352:1	358:1

Conclusions

There continues to be insufficient data to respond completely to the information requested by the Iowa Legislature. After continued consulting with existing agencies providing physician data, it was determined that an annual health care professional survey is needed to determine such factors as:

- Scope of practice of health care providers,
- Area covered geographically by each practice,
- Number of hospital facilities used for deliveries, and
- Information on prenatal and obstetrical health-care access that is more detailed.

The issue of access to prenatal and obstetrical health care has become difficult to deal with beyond the need to report on the impact of tort reform on the availability of these services. This is due, in part, to lack of data and to the growing use of physician assistants and nurse practitioners for provision of basic obstetrical care. A survey would provide both the basic information needed to track the impact of tort reform as well as information on such additional issues as:

- Coverage under Medicaid for non-insured patients,
- Issues related to the financial viability of obstetrical practice in rural areas,
- Issues of concern to physicians such as being on-call,
- Analysis of liability insurance coverage costs, and
- Information on birthing facilities in rural hospitals.

Currently, data must be compiled from many data sets, making it difficult to control for consistency across variables. Existing agencies that could provide this data do not currently have either the capacity or the intention to develop services in this area.

The Iowa Department of Public Health met with agencies to determine how their problems can be remedied. It was determined in the 2000 annual report to the General Assembly on access to obstetrical care that if more accurate data were wanted, additional funds would need to be secured annually to pay for a survey by the University of Iowa, Office of State Wide Clinical Education Programs. In 2000 it was estimated that the lead-time needed to implement a survey in 2001 would mean the earliest available report would be for the calendar year 2002. Since this office did not receive any response or direction from the previous year's report, no new action has been taken and the Office of Statewide Clinical Education Programs continues to be informed of this report.

The Bureau of Health Care Access, Iowa Department of Public Health, requests once again that the members of the Legislature review this mandated report and determine one of the following actions:

- Continue the report as submitted,
- Allocate additional funding to generate the additional data needed to complete the report as mandated,

or

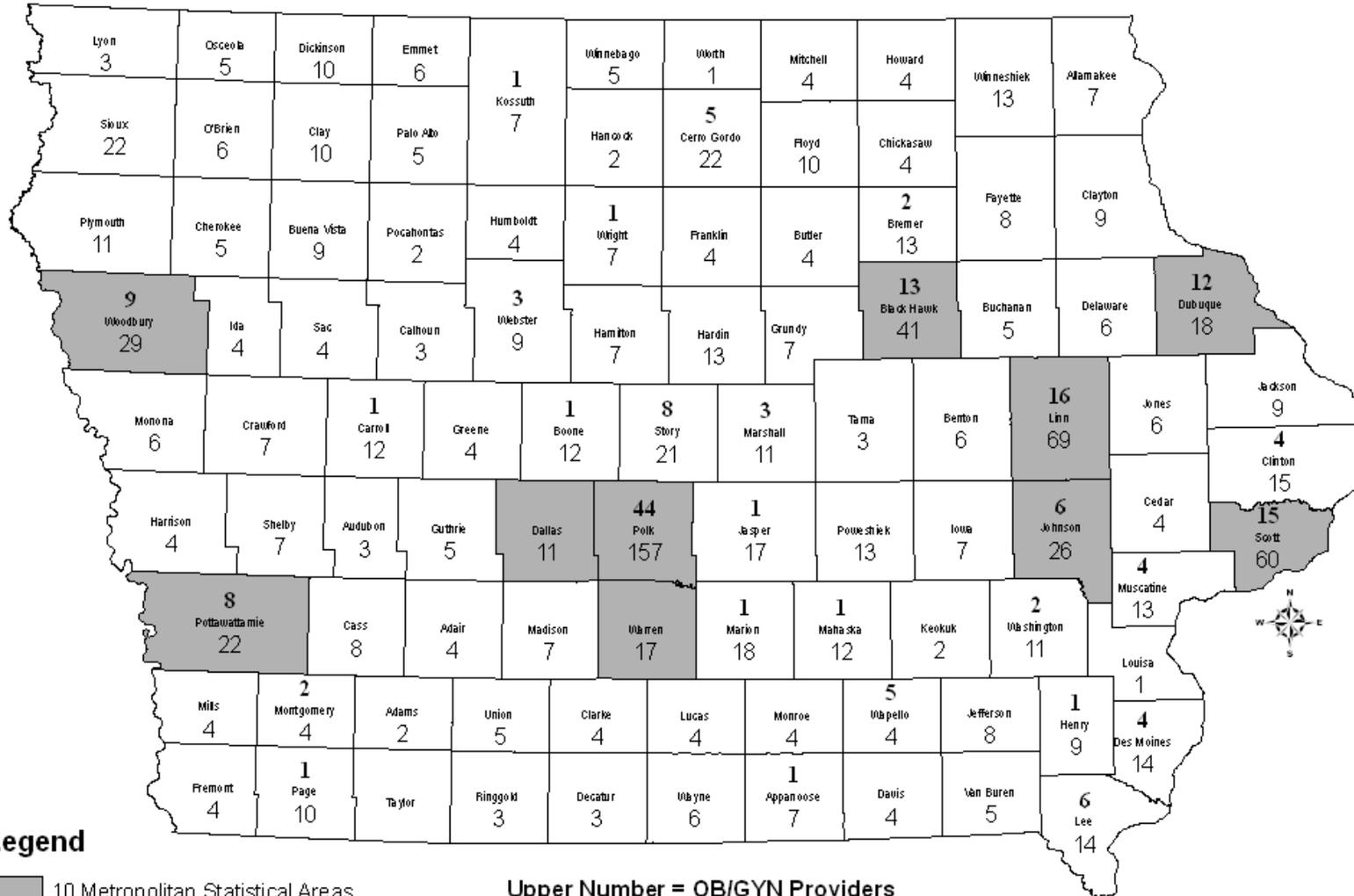
- Remove the report from the current legislation if it is deemed unnecessary.

The Iowa Department of Public Health is not authorized to discontinue this report or undertake a new survey without further direction or funding. Additional information may be covered or questions asked by contacting:

Doreen Chamberlin, Bureau Chief, Bureau of Health Care Access, Iowa Department of Public Health, 321 East 12th Street, Lucas State Office Building, 4th Floor SW, Des Moines, Iowa 50319 or call 515-242-6383.

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Old Method (Pre-June 2004)



Legend

- 10 Metropolitan Statistical Areas
- Rural Counties

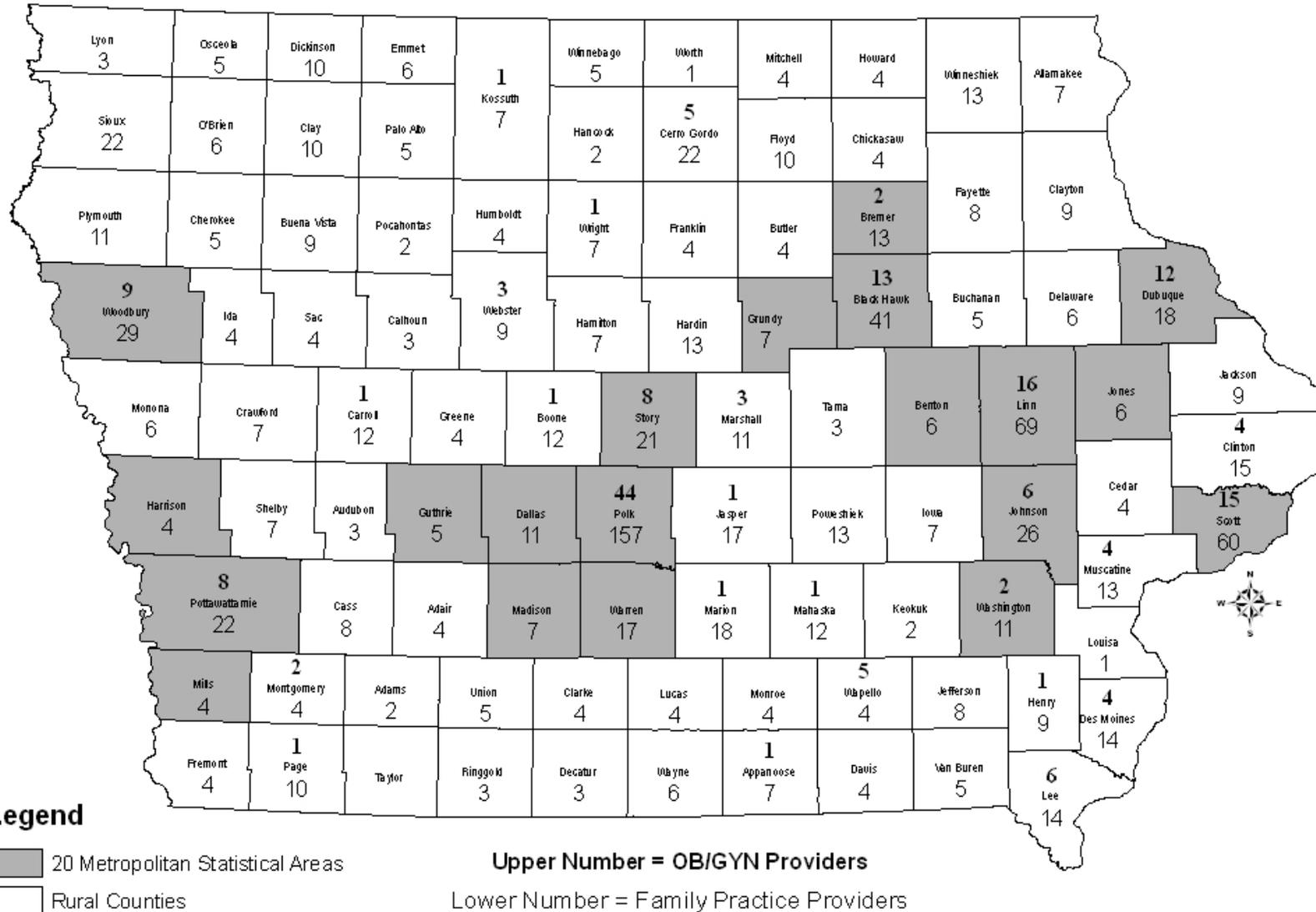
Upper Number = OB/GYN Providers
Lower Number = Family Practice Providers

Source - Provider Data Set (U of I, Office of Statewide Clinical Education Programs (OSCEP) - 07/01/2007

Revised - 12/2007 - jfb

OB/GYN Report 2007

New Method (Post-June 2004)



Legend

- 20 Metropolitan Statistical Areas
- Rural Counties

Upper Number = OB/GYN Providers
Lower Number = Family Practice Providers

Source - Provider Data Set (U of I, Office of Statewide Clinical Education Programs (OSCEP) - 07012007

Revised - 12/07 - jfb